



Summer Newsletter

Help! My periods are long!!

My periods are long and heavy

Heavy menstrual bleeding means losing more blood than usual during periods. It is **NOT** normal to soak multiple pads, feel dizzy, or miss daily activities because of your period.

SIGNS OF HEAVY BLEEDING

- Soaking 1 or more pads every 1-2 hours for several hours
- Passing large blood clots (coin-sized or larger)
- Bleeding that lasts more than 7 days
- Feeling tired, weak or dizzy
- Shortness of breath or feel heart beat
- Missing school, activities or sleep

Remember: You are not alone. Many teens have heavy periods, and help is available.

Note: This is for general information only. Always consult a healthcare professional for medical advice.

A young woman with long dark hair is sitting and holding her stomach with both hands, looking down with a distressed expression. To her right, a thought bubble shows a white pad with a large amount of red blood on it.

AI Gemini generated images

[When Vaginal Bleeding is an Emergency: The Must Not Miss Diagnoses](#)

Follow the Flow

An Approach to Abnormal Menstrual Bleeding

Red Flag Symptoms

- Syncope
- Tachycardia
- Hypotension
- Pallor with significant fatigue or dyspnea
- Bleeding that soaks pads hourly for several consecutive hours

***Workup to consider**

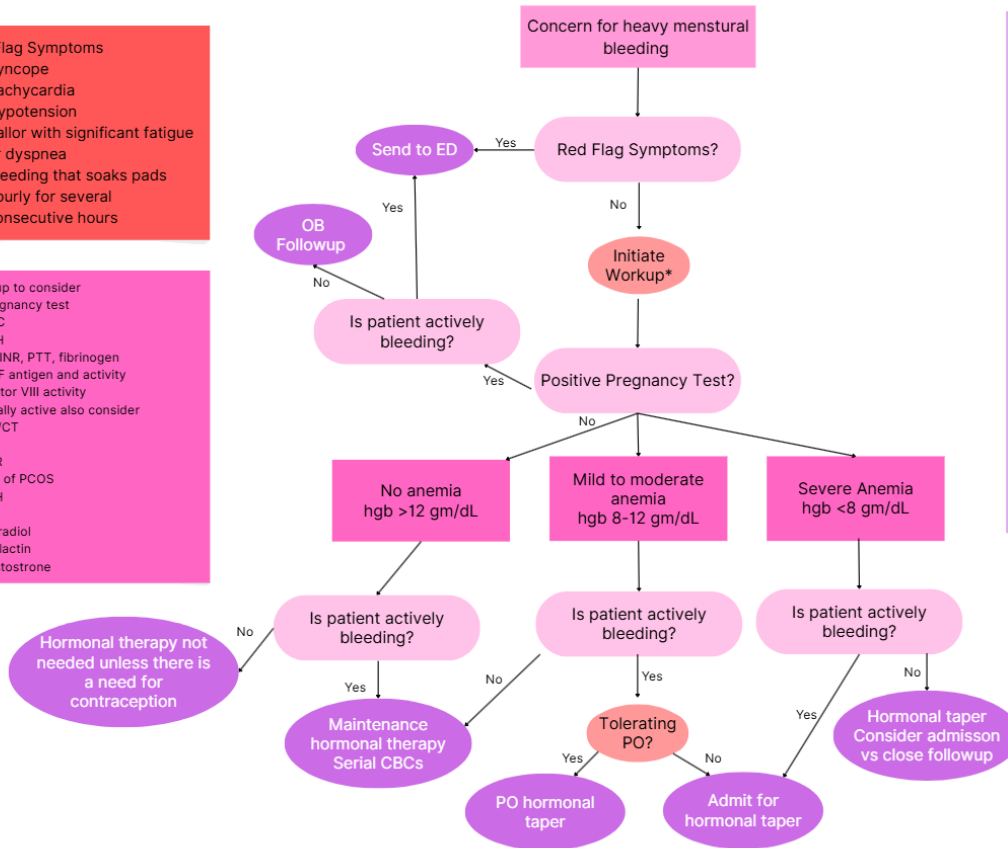
- Pregnancy test
- CBC
- TSH
- PT/INR, PTT, fibrinogen
- vWF antigen and activity
- Factor VIII activity

If sexually active also consider

- GC/CT
- HIV
- RPR

If signs of PCOS

- FSH
- LH
- Estradiol
- Prolactin
- Testosterone



Maintenance Hormonal Therapy

- Consider Consultation with Adolescent Medicine or Pediatric OB/GYN
- If no contraindication for estrogen use
 - Start with Combined birth control pills containing 30-35 microgram estradiol with progesterone 1 pill daily Or
 - Combined Patch: 0.12mg etonogestrel/35mcg ethanodl estradiol; transdermal weekly
- If contra-indication for estrogen use and or patient preference, consider progestin only options
 - Progesterone-Only Pill: norethindrone 10mg PO daily or progesterone 20mg; 1 tab PO daily
 - Injectable: 150mg IM or 104 mg SC depot medroxyprogesterone acetate; IM or SC every 3 months
 - Implant: 68 mg etonogestrel; SC every 3 years
- Consider Oral Iron Supplementation: 60-120 mg elemental iron per day
 - Monitor iron and or ferritin levels when on iron supplements

Hormonal Taper – Outpatient Management

- Combination Oral Contraceptive: Taper: 1 tab PO QID x 2 days, 1 tab PO TID x 2 days, 1 tab PO BID x 2 days, 1 tab PO daily to complete pack (skip placebo pills)
- Progesterone-Only Pill: progesterone 20mg TID x 7 days
- Follow up every 1-2 weeks until improvement in bleeding/ hemoglobin/hematocrit/ vital signs
- Consider consultation with Adolescent Medicine/ Pediatric OB/GYN

Hormonal Taper- Inpatient Management

- IV Estrogen: 25mg IV q4-6h x 24h

Image credit: University of Kentucky Adolescent Heavy Menstrual Bleeding Clinical Practice Guideline
Wesley Smith, DO Mandakini Sathir, MD Jaryd Zummer, MD Miriam Marcum, MD Emily Moore, MD Alyssa Gaietto, PharmD

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Resources

[Screening and Management of Bleeding Disorders in Adolescents With Heavy Menstrual Bleeding](#)

[Women and bleeding disorders](#)

[Menstruation tracking](#)

Advocacy

Adolescents today are navigating a number of stressors including social media pressure, climate anxiety, and political unrest, all of which can create a negative impact on teen health and well-being. If you have a passion about making a difference, consider joining one of the KY AAP task forces (<https://www.kyaap.org/chapter-focus/task-force-activities/>). Together we can help shape policies, create resources, and support programs that protect and promote health and wellbeing of tweens, teens and young adults across Kentucky.

Quiz time:

A 13-year-old patient is following up for vaginal bleeding. Reports that she is doing much better on OCPs. Mother reports that she has feeling down and spending more time in her room and not engaging with other friends and family members. She has no significant past medical history. You administer PHQ A and noticed her total score was 12 and she answered yes to questions 9- Thoughts that you would be better off dead, or of hurting yourself in some way? - More than half the days. What is the next step to evaluate this patient?

- A. Go to ER
- B. Reassure it is normal adolescent behavior
- C. Administer ASQ and brief suicide safety assessment
- D. Start SSRI

Think you nailed the quiz question? Find out in the next edition of our newsletter where we reveal the answer and dive deeper into key topics like Teen Suicide in adolescents, Don't miss it!!!!!!

